

<i>SERFF Tracking Number:</i>	<i>PACL-126367877</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pacific Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43971</i>
<i>Company Tracking Number:</i>	<i>25-1174</i>		
<i>TOI:</i>	<i>A03I Individual Annuities - Deferred Variable</i>	<i>Sub-TOI:</i>	<i>A03I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Variable Annuity Application</i>		
<i>Project Name/Number:</i>	<i>Variable Annuity Application/25-1174</i>		

Filing at a Glance

Company: Pacific Life Insurance Company	SERFF Tr Num: PACL-126367877	State: Arkansas
Product Name: Variable Annuity Application	SERFF Status: Closed-Approved-	State Tr Num: 43971
TOI: A03I Individual Annuities - Deferred Variable	Closed	
Sub-TOI: A03I.002 Flexible Premium	Co Tr Num: 25-1174	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Authors: Maysy Vang, Brian Deleget, Karen Givens	Disposition Date: 11/05/2009
	Date Submitted: 11/03/2009	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: Variable Annuity Application	Status of Filing in Domicile: Pending
Project Number: 25-1174	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 11/05/2009	Explanation for Other Group Market Type:
	State Status Changed: 11/05/2009
Deemer Date:	Created By: Maysy Vang
Submitted By: Maysy Vang	Corresponding Filing Tracking Number:
Filing Description:	
NAIC: 67466	
FEIN: 95-1079000	

To the Individual Life Insurance Department of Arkansas.

We are submitting the following variable annuity application for approval in your state:

Form Number Form Description

<i>SERFF Tracking Number:</i>	<i>PACL-126367877</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pacific Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43971</i>
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25-1174 Variable Annuity Application

When approved, the form submitted will replace the application form listed below, previously approved by the Department as of the date shown.

Replaces Application Form No.	State Tracking No.	Date Approved	SERFF Tracking Number
25-1151	39068	5/27/2008	PACL-125657121

Summary of Changes

The form has been revised primarily as follows:

- Removed the reference to internal forms in the Owner(s) section.
- Revised the Electronic Information Consent text.
- Revised the Beneficiaries section text.
- Added additional references to internal forms in the Contract Type section.
- Revised the Dollar Cost Averaging section text.

Availability

The form submitted will be used to apply for all individual variable annuity contracts listed below, previously approved by the Department as of the dates shown:

Contract Form No.	State Tracking Number	Date Approved	SERFF Tracking Number
10-10300	N/A	11/25/2002	N/A
10-1107	31740	1/31/2006	USPH-6L4R2B106
10-1108	26069	4/14/2004	USPH-5XUQHZ984
10-1128	31553	1/12/2006	USPH-6K8MUR948
10-1130	33657	9/15/2006	USPH-6T8LDL846
10-1136	35679	4/24/2007	PACL-125155469
10-17800	22504	4/4/2003	USPH-5L3VPU266

Statement of Variability

The application has been completed in John Doe fashion. Bracketed matter (variable material) shown within each applicable section is subject to change. The accompanying Statement of Variability provides an explanation of the

SERFF Tracking Number: PACL-126367877 State: Arkansas
Filing Company: Pacific Life Insurance Company State Tracking Number: 43971
Company Tracking Number: 25-1174
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Variable Annuity Application
Project Name/Number: Variable Annuity Application/25-1174
variable material that has been bracketed.

The form submitted:

- is exempt from flesch score readability requirements as it is a security subject to federal jurisdiction; and
- is in final print and subject only to minor modification in paper size, stock, ink, border, Company logo, adaptation to electronic media or computer printing and as otherwise specified in the accompanying Statement of Variability.

All required transmittals, checklists, certifications and/or filing fees, as applicable, are included in this submission.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

Should you have any questions or require additional information, please call toll-free 1-800-722-2333 Ext. 7262.

Sincerely,

J. Brian Deleget
Compliance Manager
Email: amfproduct.filing@pacificlife.com

Company and Contact

Filing Contact Information

Maysy Vang, Compliance Analyst
700 Newport Center Drive
Newport Beach, CA 92660
Mvang@pacificlife.com
949-219-6907 [Phone]
949-219-0579 [FAX]

Filing Company Information

Pacific Life Insurance Company
700 Newport Center Drive
Newport Beach, CA 92660-6397
(800) 722-2333 ext. [Phone]
CoCode: 67466
Group Code: 709
Group Name:
FEIN Number: 95-1079000
State of Domicile: Nebraska
Company Type: Annuities
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No

SERFF Tracking Number: *PACL-126367877* *State:* *Arkansas*
Filing Company: *Pacific Life Insurance Company* *State Tracking Number:* *43971*
Company Tracking Number: *25-1174*
TOI: *A03I Individual Annuities - Deferred Variable* *Sub-TOI:* *A03I.002 Flexible Premium*
Product Name: *Variable Annuity Application*
Project Name/Number: *Variable Annuity Application/25-1174*
Fee Explanation:
Per Company: **No**

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pacific Life Insurance Company	\$20.00	11/03/2009	31754143

<i>SERFF Tracking Number:</i>	<i>PACL-126367877</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Variable Annuity Application</i>		
<i>Project Name/Number:</i>	<i>Variable Annuity Application/25-1174</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/05/2009	11/05/2009

<i>SERFF Tracking Number:</i>	<i>PACL-126367877</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 11/05/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	CERTIFICATION		Yes
Form	Variable Annuity Application		Yes

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Form Schedule

Lead Form Number: 25-1174

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	25-1174	Application/ Variable Annuity Enrollment Application Form	Initial		0.000	25-1174.pdf

**PACIFIC LIFE**

Pacific Life Insurance Company
P.O. Box 2378, Omaha, NE 68103-2378
or 1299 Farnam Street, 6th Floor, AMF, Omaha, NE 68102
www.PacificLife.com
Contract Owners: (800) 722-4448

PACIFIC VALUE
Variable Annuity Application**[Registered Representatives, call (800) 722-2333 for assistance.]****1. ANNUITANT(S)** *Must be an individual. Check product guidelines for maximum issue age.*

Name (First, Middle, Last) John A. Doe		Birth Date (mo/day/yr) 01/01/1972	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Mailing Address 111 Main Street	City, State, ZIP Anytown, NY 12345	SSN 999-77-8888	
Residential Address (if different than mailing address)	City, State, ZIP		
Solicited at: State _____	<i>Complete this box for custodial-owned qualified contracts only. Will not be valid for any other contract types. Information put here will be used for contract and registered representative appointment purposes.</i>		

ADDITIONAL ANNUITANT *Not applicable for qualified contracts or contracts with non-natural owners. Check One:* ☒ Joint ☐ Contingent

Name (First, Middle, Last) Jane A. Doe		Birth Date (mo/day/yr) 01/01/1972	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Mailing Address 111 Main Street	City, State, ZIP Anytown, NY 12345	SSN 999-66-8888	
Residential Address (if different than mailing address)	City, State, ZIP		

2. OWNER(S) *If annuitant and owner are the same, do not complete this section. Check product guidelines for maximum issue age.*

Name (First, Middle, Last)		Birth Date (mo/day/yr)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City, State, ZIP	SSN/TIN	
Residential Address (if different than mailing address)	City, State, ZIP		

JOINT OWNER *Not applicable for qualified contracts.*

Name (First, Middle, Last)		Birth Date (mo/day/yr)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	City, State, ZIP	SSN	
Residential Address (if different than mailing address)	City, State, ZIP		

3. DEATH BENEFIT COVERAGE☒ **Stepped-Up Death Benefit** *Annuitant(s) must not be over age 75 at issue.*

If the **[stepped-up death benefit]** I have selected cannot be added to the contract due to age restrictions or state availability, I understand that the contract will be issued without the **[stepped-up death benefit rider].**



4. TELEPHONE/ELECTRONIC AUTHORIZATIONS

CHECK IF YES	<input checked="" type="checkbox"/> Yes
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TELEPHONE/ELECTRONIC TRANSACTION AUTHORIZATION As the owner, I will receive this privilege automatically. If a contract has joint owners, each owner may individually make telephone and/or electronic requests. By checking "Yes," I am also authorizing and directing Pacific Life to act on telephone or electronic instructions from any other person(s) who can furnish proper identification. Pacific Life will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, Pacific Life and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost.

ELECTRONIC INFORMATION CONSENT By providing my e-mail address, I consent to receive documents and notices applicable to my contract, including but not limited to prospectuses, prospectus supplements, annual and semi-annual reports, quarterly statements and immediate confirmations, privacy notice and other notices and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. I will continue to receive paper copies of annual statements if required by state or federal law. Not all contract documentation and notifications may be currently available in electronic format. I consent to receive in electronic format any documents added in the future. For jointly owned contracts, both owners are consenting to receive information electronically. I confirm that I have ready access to a computer with Internet access, an active e-mail account to receive this information electronically, and the ability to read and retain it.

I understand that:

- There is no charge for electronic delivery, although my Internet provider may charge for Internet access.
- I must provide a current e-mail address and notify Pacific Life promptly when my e-mail address changes.
- I must update any e-mail filters that may prevent me from receiving e-mail notifications from Pacific Life.
- I may request a paper copy of the information at any time for no charge, even though I consented to electronic delivery, or if I decide to revoke my consent.
- For jointly owned contracts, both owners are consenting that the primary owner will receive information electronically. (Only the primary owner will receive e-mail notices.)
- Electronic delivery will be cancelled if e-mails are returned undeliverable.
- This consent will remain in effect until I revoke it.

Pacific Life is not required to deliver this information electronically and may discontinue electronic delivery in whole or in part at any time. Please call (800) 722-4448 if you would like to revoke your consent, wish to receive a paper copy of the information above, or need to update your e-mail address.

FOR EVEN
FASTER
DELIVERY

E-Mail address: jdoe@internet.com

5. HOUSEHOLDING By signing this application you consent to Pacific Life mailing one copy of contract owner documents to multiple contract owners who share the same household address. Such documents will include the prospectus, supplements, announcements, and annual and semiannual reports, but will not include contract-specific information such as transaction confirmations and statements. This service, known as "householding," reduces expenses, environmental waste, and the volume of mail you receive. If you do not wish to participate in this service and prefer to receive your own contract owner documents, please check the box below.

☐ I elect **NOT** to participate in householding.

6. BENEFICIARIES If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary must be the owner listed on the application. Use Section 14, Special Requests, to provide additional beneficiary information.

Name (First, Middle, Last) Jack A. Doe	Birth Date (mo/day/yr) 01/01/1992	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship Son	SSN/TIN 333-22-7777	Percentage 100 %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %

7. CONTRACT TYPE *Select ONE.*

<input checked="" type="checkbox"/> Non-Qualified ^{1,2}	<input type="checkbox"/> SIMPLE IRA ⁴	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> 401(a) ⁶	<input type="checkbox"/> 457(b) – gov't. entity ⁶	<input type="checkbox"/> Keogh/HR10 ⁶
<input type="checkbox"/> IRA ³	<input type="checkbox"/> SEP-IRA	<input type="checkbox"/> TSA/403(b) ⁵	<input type="checkbox"/> 401(k) ⁶	<input type="checkbox"/> 457(b) – 501(c) tax-exempt ⁶	<input type="checkbox"/> Individual(k) ⁷

¹ For trust-owned contracts, complete Trustee Certification and Disclosure form. ² For non-qualified contracts, if owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement. ³ For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification form. ⁴ Complete SIMPLE IRA Employer Information. ⁵ Complete TSA Certification. ⁶ Complete Qualified Plan and 457(b) Plan Disclosure. ⁷ Complete Individual(k) Qualified Plan Disclosure.



8. INITIAL PURCHASE PAYMENT *Make check payable to Pacific Life Insurance Company.*

8A. NON-QUALIFIED CONTRACT PAYMENT TYPE

Indicate type of initial payment.

<input type="checkbox"/> 1035 exchange/estimated transfer.....	\$ _____
<input checked="" type="checkbox"/> Amount enclosed	\$ 25,000.00

8B. QUALIFIED CONTRACT PAYMENT TYPE *Indicate type of initial payment. If no year is indicated, contribution defaults to current tax year.*

<input type="checkbox"/> Transfer	\$ _____
<input type="checkbox"/> Rollover	\$ _____
<input type="checkbox"/> Contribution	\$ _____ for tax year _____

9. REPLACEMENT

9A. EXISTING INSURANCE

CHECK ONE	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Do you have any existing life insurance or annuity contracts with this or any other company?
(Default is "Yes" if neither box is checked.)

9B. REPLACEMENT

CHECK ONE	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Will the purchase of this annuity result in the replacement, termination or change in value of any existing life insurance or annuity in this or any other company? If "Yes," provide the information below for each policy or contract being replaced and attach any required state replacement and/or 1035 exchange/transfer forms.

Insurance Company Name	Contract Number	Policy or Contract Type Being Replaced <input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity
Insurance Company Name	Contract Number	Policy or Contract Type Being Replaced <input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity

10. OPTIONAL RIDERS *Subject to state availability. To qualify for CoreIncome Advantage, CoreProtect Advantage, Income Access, GPA3, or GIA Plus rider benefits, the entire contract value must stay invested in allowable allocation options Pacific Life makes available for the riders. Note: Optional Guaranteed Minimum Withdrawal Benefit Riders are not available with Inherited IRA and Inherited TSA business.*

10A. Guaranteed Minimum Withdrawal Benefit (You may only select one.)

- ☒ **CoreIncome Advantage** Annuitant(s) must not be over age 85 at issue.
- ☐ **CoreProtect Advantage** Annuitant(s) must be no younger than age 55 and no older than age 85 at issue.
- ☐ **Income Access** *with Automatic Reset/Step-up Option.* Annuitant(s) must not be over age 85 at issue.
- ☐ I elect to opt out of Income Access Automatic Reset/Step-up Option.

10B. ☐ **GPA3** Annuitant(s) must not be over age 85 at issue, which must be at least 10 years prior to the annuity date.

10C. ☐ **GIA Plus** Annuitant(s) must not be over age 80 at issue.

10D. ☐ **EEG** Annuitant(s) must not be over age 75 at issue.

If any rider selected in this section cannot be added to the contract due to age and/or other rider restrictions or state availability, the contract will be issued without that rider.

11. DOLLAR COST AVERAGING *If elected, 100% of your initial investment will be allocated to the DCA Plus term unless you indicate a different percentage below. If you select a Custom Model in Section 13 and are using DCA Plus, you must allocate 100% of your investment to the DCA Plus term. If you select Portfolio Optimization, Asset Allocation Strategies or Individual Investments and a percentage less than 100% is indicated, the remainder of the purchase payment will be allocated pro rata to the allocations selected. To indicate a source account other than DCA Plus, use Section 14, Special Requests, or the Transfers and Allocations form. Additional investments will be allocated to the DCA Plus selection indicated below unless alternate instructions are on file or provided with the investment. Note: Only DCA Plus may be used with Custom Models.*

DCA Plus Term (Select one)

<input checked="" type="checkbox"/> 6 months	<input type="checkbox"/> 12 months	_____ % of initial investment. Default will be 100% if not indicated or if a Custom Model is selected in Section 13.
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12. REBALANCING *If you select a Custom Model in Section 13, rebalancing will be quarterly. Otherwise, Rebalancing is optional.*

<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Semiannually	<input type="checkbox"/> Annually
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13. ALLOCATION OPTIONS Use this section to allocate 100% of your investment. Use whole percentages only. Additional investments will be allocated based on the options below and where applicable, if a selection was made in section 11, unless alternate instructions are on file or provided with the investment. **IMPORTANT:** To be eligible for an optional rider in Section 10, you must select **ONE** of the following options:

- I. **Portfolio Optimization:** Select one model. 100% of your investment will be allocated to the model selected. **[Note: Model E is not an available allocation option for use with Optional Riders in Section 10.]**
- II. **Asset Allocation Strategies:** Indicate the percentage of your investment for each Asset Allocation Strategy. Allocations may be among these strategies and must total 100%.
- III. **Custom Models:** For Categories A, B, and C indicate no more than 15% in any individual investment. In addition, you must allocate at least 25% into each of Categories A, B, and C. Categories A, B, C, and D must total 100%. Category D is optional provided the previous requirements are met. You may allocate up to 25% into an individual investment in Category D.

If you want to select individual investments and are **not** choosing an optional rider in Section 10, you may indicate any combination of investments in Option III. Allocations must total 100%.

Models	OPTION I: PORTFOLIO OPTIMIZATION						
	Select one: <input checked="" type="checkbox"/> Model A <input type="checkbox"/> Model B <input type="checkbox"/> Model C <input type="checkbox"/> Model D <input type="checkbox"/> Model E						
	OPTION II: ASSET ALLOCATION STRATEGIES						
	100% allocation to one or a combination of these strategies is approved for selection of an optional rider in Section 10.						
Asset Allocation Strategies	PLFA	Pacific Dynamix-Conservative Growth Portfolio	_____ %	Capital Research	American Funds® Asset Allocation	_____ %	
	PLFA	Pacific Dynamix-Moderate Growth Portfolio	_____ %	Franklin Templeton	VIP Founding Funds	_____ %	
	PLFA	Pacific Dynamix-Growth Portfolio	_____ %	GE Asset Management	GE Investments Total Return Fund	_____ %	
				Invesco Aim	AIM V.I. PowerShares ETF Allocation Fund	_____ %	
	AllianceBernstein	VPS Balanced Wealth Strategy	_____ %	Van Kampen	LIT Global Tactical Asset Allocation Portfolio	_____ %	
	BlackRock	Global Allocation V.I. Fund	_____ %			_____ %	
						_____ % Total	
	OPTION III Select one: <input type="checkbox"/> CUSTOM MODEL <input type="checkbox"/> INDIVIDUAL INVESTMENTS						
	Custom Models: For Categories A, B, and C indicate no more than 15% in any individual investment. In addition, you must allocate at least 25% into each of Categories A, B, and C. Categories A, B, C, and D must total 100%. Category D is optional provided the previous requirements are met. You may allocate up to 25% into an individual investment in Category D.						
	Individual Investments: If you want to select individual investments and are not choosing an optional rider in Section 10, you may indicate any combination of investments. Allocations must total 100%.						
Category A Fixed-Income Portfolios	Goldman Sachs	Short Duration Bond	_____ %	PIMCO	Managed Bond	_____ %	
	Highland Capital	Floating Rate Loan	_____ %	PIMCO	Inflation Managed	_____ %	
	PAM	Money Market	_____ %	Western Asset			
	PAM	High Yield Bond	_____ %	Management	Diversified Bond	_____ %	
							_____ % Total
Category B Domestic Equity Portfolios	Alger	Small-Cap Growth	_____ %	Janus	Growth LT	_____ %	
	Analytic Investors/JPMorgan	Long/Short Large-Cap	_____ %	Janus	Focused 30	_____ %	
	BlackRock	Equity Index	_____ %	Lazard	Mid-Cap Equity	_____ %	
	BlackRock	Small-Cap Index	_____ %	NFJ	Small-Cap Value	_____ %	
	BlackRock	Mid-Cap Value	_____ %	Oppenheimer	Multi-Strategy	_____ %	
	Capital Guardian	Diversified Research	_____ %	Oppenheimer	Main Street® Core	_____ %	
	Capital Guardian	Equity	_____ %	UBS	Large-Cap Growth	_____ %	
	Capital Research	American Funds® Growth-Income	_____ %	Van Kampen	Comstock	_____ %	
	Capital Research	American Funds® Growth	_____ %	Van Kampen	Mid-Cap Growth	_____ %	
	ClearBridge	Large-Cap Value	_____ %	Vaughan Nelson	Small-Cap Equity	_____ %	
							_____ % Total
	Category C International Equity and Sector Portfolios	AllianceBernstein	International Value	_____ %	MFS	International Large-Cap	_____ %
Batterymarch		International Small-Cap	_____ %	Oppenheimer	Emerging Markets	_____ %	
Columbia		Technology	_____ %	Van Kampen	Real Estate	_____ %	
Jennison		Health Sciences	_____ %				_____ % Total
Category D Asset Allocation Strategies	PLFA	Pacific Dynamix-Conservative Growth Portfolio	_____ %	Capital Research	American Funds® Asset Allocation	_____ %	
	PLFA	Pacific Dynamix-Moderate Growth Portfolio	_____ %	Franklin Templeton	VIP Founding Funds	_____ %	
	PLFA	Pacific Dynamix-Growth Portfolio	_____ %	GE Asset Management	GE Investments Total Return Fund	_____ %	
				Invesco Aim	AIM V.I. PowerShares ETF Allocation Fund	_____ %	
	AllianceBernstein	VPS Balanced Wealth Strategy	_____ %	Van Kampen	LIT Global Tactical Asset Allocation Portfolio	_____ %	
	BlackRock	Global Allocation V.I. Fund	_____ %				_____ %
							_____ % Total
							_____ % Total
CATEGORIES A–D MUST TOTAL 100%. _____ % Total							



14. SPECIAL REQUESTS *If additional space is needed, attach a letter signed and dated by the owner(s).*

15. FRAUD NOTICES *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below. Please check for state product availability.*

Colorado: It is unlawful to knowingly provide false, incomplete, misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services.

District of Columbia: WARNING It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Louisiana and Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

All Other States: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.









16. STATEMENT OF OWNER(S) I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for a variable annuity contract ("contract") issued by Pacific Life Insurance Company ("company"). I received prospectuses for this variable annuity contract. After reviewing my financial background with my registered representative, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, and tax status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I also considered my liquidity needs, risk tolerance, and investment time horizon when selecting variable investment options. I understand the terms and conditions related to any optional rider applied for and believe that the rider(s) meet(s) my insurable needs and financial objectives. I have discussed all fees and charges for this contract with my registered representative, including withdrawal charges, if applicable. I understand that if I cancel a contract issued as a result of this application without penalty during the Right to Cancel initial review period, depending upon the state where my contract is issued, it is possible the amount refunded may be less than the initial amount I invested due to the investment experience of my selected investment options.

If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.

I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct.

All answers to questions and statements made on this application are to the best of my knowledge and belief.

I UNDERSTAND THAT BENEFITS AND VALUES PROVIDED UNDER THE CONTRACT MAY BE ON A VARIABLE BASIS. AMOUNTS DIRECTED INTO ONE OR MORE VARIABLE INVESTMENT OPTIONS WILL REFLECT THE INVESTMENT EXPERIENCE OF THOSE INVESTMENT OPTIONS. THESE AMOUNTS MAY INCREASE OR DECREASE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT.

Owner's Signature  <i>John A. Doe</i>	Date (mo/day/yr)  07/29/2009	Signed at: City  Anytown	State  N Y
Joint Owner's Signature (if applicable)  <i>Jane A. Doe</i>	Date (mo/day/yr)  07/29/2009		

17. REGISTERED REPRESENTATIVE'S STATEMENT

17A.  ☐ Yes ☒ No Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)

17B.  ☐ Yes ☒ No Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued?

If "Yes," I affirm that I have instructed the applicant to answer "Yes" to the replacement question in Section 9B of this application. I hereby certify that I have used only Pacific Life's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life's written replacement guidelines.


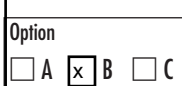
I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives.

I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program.

I further certify that I have also considered the owner's liquidity needs, risk tolerance, and investment time horizon; that I followed my broker/dealer's suitability guidelines in both the recommendation of this annuity and the choice of investment options; and that this application is subject to review for suitability by my broker/dealer.

I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant.

If the applicant is an active duty member of the United States Armed Forces (including active duty military reserve personnel), I certify that this application was not solicited and/or signed on a military base or installation, and I provided to the applicant the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.

Soliciting Registered Representative's Signature  <i>Cindy Brown</i>	Print Registered Representative's Full Name Cindy Brown	
Registered Representative's Telephone Number (123) 456-7890	Registered Representative's E-Mail Address cbrown@internet.com	
Broker/Dealer's Name Brown & Company	Brokerage Account Number (optional)	

Send completed application as follows:

APPLICATION WITH PAYMENT:

Regular Mail Delivery: P.O. Box 2290, Omaha, NE 68103-2290

Express Mail Delivery: 1299 Farnam Street, 6th Floor, AMF, Omaha, NE 68102

APPLICATION WITHOUT PAYMENT:

Regular Mail Delivery: P.O. Box 2378, Omaha, NE 68103-2378

Express Mail Delivery: 1299 Farnam Street, 6th Floor, AMF, Omaha, NE 68102



SERFF Tracking Number:	PACL-126367877	State:	Arkansas
Filing Company:	Pacific Life Insurance Company	State Tracking Number:	43971
Company Tracking Number:	25-1174		
TOI:	A03I Individual Annuities - Deferred Variable	Sub-TOI:	A03I.002 Flexible Premium
Product Name:	Variable Annuity Application		
Project Name/Number:	Variable Annuity Application/25-1174		

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Life & Annuity - Acturial Memo		
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment:			
SOV.pdf			
		Item Status:	Status Date:
Satisfied - Item:	CERTIFICATION		
Comments:			
Attachment:			
AR 1174 Certs 6 and 19.pdf			

PACIFIC LIFE INSURANCE COMPANY

700 Newport Center Drive • Newport Beach, CA 92660

STATEMENT OF VARIABILITY

<u>Form Number</u>	<u>Form Description</u>
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25-1174	Variable Annuity Application
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This Statement of Variability identifies and explains the bracketed material contained in the above referenced application form.

Variable Annuity Application Form No. 25-1174

- 1. Product Name (Page 1)** – The name of the Product applied for will be displayed.
- 2. Company Addresses and Toll-Free Telephone Numbers (Page 1)** – In the event of a change in the company address, internet address and/or toll-free telephone numbers, the new information will be shown, accordingly.
- 3. Section 3 – Death Benefit Coverage (Page 1)** - The optional death benefit rider shown in this section has been previously approved by the Department and available for the applicable contract. From time to time, we may add new optional death benefit riders and remove those riders that are no longer available or for which new sales have been discontinued. Any new optional death benefit rider added to this section will only be those optional death benefit riders that the Department has previously approved.
- 4. Section 7 – Contract Type (Page 2)** - The contract may be issued in connection with any of the contract types shown below. From time to time, we may add new contract types and remove those contract types that are no longer available or for which new sales have been discontinued. Additionally, the reference to internal forms and their titles may change from time to time.

Non-Qualified	SEP-IRA	401(a)	457(b)
IRA	Roth IRA	401(k)	457(b)-501(c)
SIMPLE IRA	TSA/403(b)	Individual(k)	Keogh/HR10

- 5. Section 10 – Optional Riders (Page 3)** - The optional riders shown in this section are those that have been previously approved by the Department and available for the applicable contract. From time to time, we may add new optional riders and remove those riders that are no longer available or for which new sales have been discontinued. Any new optional rider added to this section will only be those optional riders that the Department has previously approved.
- 6. Section 11 – Dollar Cost Averaging (Page 3)** - The references to internal forms and their titles may change from time to time. Additionally, the guarantee terms shown are those currently available under the contract to which Purchase Payments may be allocated and may change from time to time and will be between the range of 0 to 12 months. If Dollar Cost Averaging is not available on a specific product the following text will be displayed within the brackets: "Note: Dollar Cost Averaging is not available."
- 7. Section 12 – Rebalancing (Page 3)** - The rebalance schedules available under the Contract. Rebalance schedules not available in the future will be removed from this section.
- 8. Section 13 – Allocation Options (Page 4)** - The reference to allocation models and their titles may change from time to time. The Variable Investment Options shown are those currently available under the contract to which Purchase Payments may be allocated. From time to time, we may add, change or delete those Variable Investment Options.

9. **Section 15 – Fraud Statements (Page 5)** - The fraud statements may change due to state mandates or other regulatory requirements.
10. **Section 16 – Option Box (Page 6)** - The commission schedules available under the Contract in which the Registered Representative can choose from. The range will be A, B, C, D, E, and F.
11. **Regular Mail and Express Mail Delivery Addresses (Page 6)** – In the event of a change in the company's mailing addresses, the new addresses will be shown.

Except as otherwise described above, no other bracketed material appears within the application.

Company Contact Person

For inquiries regarding this Statement of Variability, please contact:

J. Brian Deleget
Compliance Manager
Email: amfproduct.filing@pacificliflife.com
Phone: (800) 722-2333 ext. 7262

PACIFIC LIFE INSURANCE COMPANY
700 Newport Center Drive • Newport Beach, CA 92660

STATE OF ARKANSAS

RULE AND REGULATION 6 CERTIFICATION

Form Number(s): **Form Description(s):**

25-1174 Variable Annuity Application

I, Nancy A. Hill, hereby provide our assurance that Rule and Regulation 6 has been reviewed and the above form(s) are in compliance said Rule and Regulation 6 as well as all other applicable requirements of the Arkansas Department of Insurance.



Company Officer

Nancy A. Hill

Name

Assistant Vice President Compliance

Title

11/2/09

Date

Contact Person:

J. Brian Deleget
Compliance Manager
Product Compliance
Email: amfproduct.filing@pacificlife.com
Phone: (800) 722-2333 ext. 7262

PACIFIC LIFE INSURANCE COMPANY
700 Newport Center Drive • Newport Beach, CA 92660

STATE OF ARKANSAS

REGULATION 19 CERTIFICATION

Form Number(s): **Form Description(s):**

25-1174 Variable Annuity Application

I, Nancy A. Hill, hereby certify that the above form(s) meet the provisions of Regulation 19 as well as all applicable requirements of the Arkansas Department of Insurance.



Company Officer

Nancy A. Hill
Name

Assistant Vice President Compliance
Title

11/2/09
Date

Contact Person:

J. Brian Deleget
Compliance Manager
Product Compliance
Email: amfproduct.filing@pacificlife.com
Phone: (800) 722-2333 ext. 7262